



# PREFERRED WORKER EMPLOYER'S JOB DESCRIPTION

**EMPLOYER: COMPLETE THIS FORM AND FAX TO (360) 902-5035**

Job Title \_\_\_\_\_ Claim # \_\_\_\_\_  
 Employer \_\_\_\_\_ Claimant \_\_\_\_\_  
 Phone # \_\_\_\_\_ Date \_\_\_\_\_

Description completed by: \_\_\_\_\_ Title \_\_\_\_\_  
 Essential task description:

Machinery, tools, equipment and personal protective equipment:

## FOR EMPLOYER USE ONLY

### PHYSICAL DEMANDS

**N/A:** Not Applicable

**F:** Frequent (30%-70% of the time)

**S:** Seldom (1-10% of the time)

**C:** Constant (Over 70% of the time)

**O:** Occasional ( 10-30% of the time)

	Frequency	Description of Tasks
Sitting		
Standing		
Walking		
Driving		
Lifting ( )lb.		
Carrying: ( )lb.		
Pushing/Pulling: ( ) lb.		
Climbing Stairs/Ladders		
Bending/twisting at waist		
Kneeling/squatting		
Crouching/Kneeling		
Crawling		
Reaching above shoulder		
Repetitive Motion		
Handling/Grasping		
Fine Finger Manipulation		
Talking		
Hearing		
Seeing		
Other:		

Employer: please include any Material Safety Data Sheets (MSDS)